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COMMITTEE ON ARMED SERVICES
COMMITTEE ON VETERANS' AFFAIRS

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U.S. REPRESENTATIVE VIC SNYDER

Internship Application

Name: _____

Social Security Number: _____ Date of Birth: _____

Email Address: _____

Contact Number: _____

Home Contact Information

Parents Names: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

College/University Contact Information

Name of School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

School Classification:

☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Grad School ☐ Law School

Major: _____ Grade Point Average: _____

Anticipated Date of Graduation: _____

Are you willing to take an unpaid internship? Yes _____ No _____

Where are you interested in working during your internship?

Washington D.C. _____ Little Rock _____ Either _____

What dates will you be available to serve as an intern?

What month do you prefer?

_____ May _____ June _____ July _____ August

_____ Fall Semester _____ Spring Semester

Is this internship for academic credit? Yes _____ No _____

If so: Name of supervising professor: _____

Telephone number of supervising professor: _____

What do you wish to gain from your experience as a congressional intern?

What federal issues interest you most?

1. _____
2. _____
3. _____

To complete the application packet these items must be included:

___ Completed application form ___ Current resume ___ 3 letters of reference